

**UNIT TERMINAL OBJECTIVE**

- 4-4     At the completion of this unit, the EMT-Intermediate student will be able to utilize the assessment findings to formulate a field impression and implement a treatment plan for a patient with a thoracic, head, spinal or abdominal injury.

**COGNITIVE OBJECTIVES**

At the completion of this unit, the EMT-Intermediate student will be able to:

- 4-4.2    Discuss the anatomy and physiology of the organs and structures related to thoracic injuries. (C-1)
- 4-4.3    Predict thoracic injuries based on mechanism of injury. (C-2)
- 4-4.4    Discuss the types of thoracic injuries. (C-1)
- 4-4.6    Discuss the assessment findings associated with thoracic injuries. (C-1)
- 4-4.7    Discuss the management of thoracic injuries. (C-1)
- 4-4.8    Identify the need for rapid intervention and transport of the patient with thoracic injuries. (C-1)
- 4-4.9    Discuss the epidemiology and pathophysiology of specific chest wall injuries, including: (C-1)
  - a.       Rib fracture
  - b.       Flail segment
  - c.       Sternal fracture
- 4-4.10   Discuss the assessment findings associated with chest wall injuries. (C-1)
- 4-4.11   Identify the need for rapid intervention and transport of the patient with chest wall injuries. (C-1)
- 4-4.12   Discuss the management of chest wall injuries. (C-1)
- 4-4.13   Discuss the pathophysiology of injury to the lung, including: (C-1)
  - a.       Simple pneumothorax
  - b.       Open pneumothorax
  - c.       Tension pneumothorax
  - d.       Hemothorax
  - e.       Hemopneumothorax
  - f.       Pulmonary contusion
- 4-4.14   Discuss the assessment findings associated with lung injuries. (C-1)
- 4-4.15   Discuss the management of lung injuries. (C-1)
- 4-4.16   Identify the need for rapid intervention and transport of the patient with lung injuries. (C-1)
- 4-4.17   Discuss the pathophysiology of myocardial injuries, including: (C-1)
  - a.       Pericardial tamponade
  - b.       Myocardial contusion
- 4-4.18   Discuss the assessment findings associated with myocardial injuries. (C-1)
- 4-4.19   Discuss the management of myocardial injuries. (C-1)
- 4-4.20   Identify the need for rapid intervention and transport of the patient with myocardial injuries. (C-1)
- 4-4.21   Discuss the pathophysiology of vascular injuries, including injuries to: (C-1)
  - a.       Aorta dissection/rupture
  - b.       Vena cava
  - c.       Pulmonary arteries/ veins
- 4-4.22   Discuss the assessment findings associated with vascular injuries. (C-1)
- 4-4.23   Discuss the management of vascular injuries. (C-1)
- 4-4.24   Discuss the pathophysiology of diaphragmatic injuries. (C-1)
- 4-4.25   Discuss the assessment findings associated with diaphragmatic injuries. (C-1)
- 4-4.26   Discuss the management of diaphragmatic injuries. (C-1)
- 4-4.27   Discuss the pathophysiology of esophageal injuries. (C-1)

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- 4-4.28 Discuss the assessment findings associated with esophageal injuries. (C-1)
- 4-4.29 Discuss the management of esophageal injuries. (C-1)
- 4-4.30 Discuss the pathophysiology of tracheo-bronchial injuries. (C-1)
- 4-4.31 Discuss the assessment findings associated with tracheo-bronchial injuries. (C-1)
- 4-4.32 Discuss the management of tracheo-bronchial injuries. (C-1)
- 4-4.33 Discuss the pathophysiology of traumatic asphyxia. (C-1)
- 4-4.34 Discuss the assessment findings associated with traumatic asphyxia. (C-1)
- 4-4.35 Discuss the management of traumatic asphyxia. (C-1)
- 4-4.36 Differentiate between thoracic injuries based on the assessment and history. (C-3)
- 4-4.37 Formulate a field impression based on the assessment findings. (C-3)
- 4-4.38 Develop a patient management plan based on the field impression. (C-3)
- 4-4.39 Describe the incidence, morbidity, and mortality of head injury. (C-1)
- 4-4.40 Explain anatomy and relate physiology of the CNS to head injury. (C-1)
- 4-4.41 Predict head injuries based on mechanism of injury. (C-2)
- 4-4.42 Distinguish between head injury and brain injury. (C-3)
- 4-4.43 Explain the pathophysiology of head/brain injury. (C-1)
- 4-4.44 Explain the concept of increasing intracranial pressure (ICP). (C-1)
- 4-4.45 Explain the effect of increased and decreased carbon dioxide on ICP. (C-1)
- 4-4.46 Relate assessment findings associated with head/brain injuries. (C-1)
- 4-4.47 Identify the need for rapid intervention and transport of the patient with a head/brain injury. (C-1)
- 4-4.48 Describe and explain the general management of head/brain injury patient. (C-1)
- 4-4.49 Describe the incidence, morbidity, and mortality of spinal injuries in the trauma patient. (C-1)
- 4-4.50 Describe the anatomy and physiology of structures related to spinal injuries. (C-1)
- a. Cervical
  - b. Thoracic
  - c. Lumbar
  - d. Sacrum
  - e. Coccyx
  - f. Head
  - g. Brain
  - h. Spinal cord
  - i. Nerve tract(s)
  - j. Dermatomes
- 4-4.51 Predict spinal injuries based on mechanism of injury. (C-2)
- 4-4.52 Describe the pathophysiology of spinal injuries. (C-1)
- 4-4.53 Explain traumatic and non-traumatic spinal injuries. (C-1)
- 4-4.54 Describe the assessment findings associated with spinal injuries. (C-1)
- 4-4.55 Describe the management of spinal injuries. (C-1)
- 4-4.56 Identify the need for rapid intervention and transport of the patient with spinal injuries. (C-1)
- 4-4.57 Describe the pathophysiology of traumatic spinal injury related to: (C-1)
- a. Spinal shock
  - b. Spinal neurogenic shock
  - c. Quadriplegia/ paraplegia
  - d. Incomplete cord injury/ cord syndromes:
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1. Central cord syndrome
2. Anterior cord syndrome
3. Brown-Sequard syndrome

**4-4.58** Describe the management of traumatic spinal injuries. (C-1)

**4-4.59** Describe the management of non-traumatic spinal injuries. (C-1)

**4-4.60** Describe the epidemiology, including the morbidity/mortality and prevention strategies for a patient with abdominal trauma. (C-1)

**4-4.61** Describe the anatomy and physiology of organs and structures related to abdominal injuries. (C-1)

**4-4.62** Predict abdominal injuries based on blunt and penetrating mechanisms of injury. (C-2)

**4-4.63** Describe open and closed abdominal injuries. (C-1)

**4-4.64** Explain the pathophysiology of abdominal injuries. (C-1)

**4-4.65** Describe the assessment findings associated with abdominal injuries. (C-1)

**4-4.66** Identify the need for rapid intervention and transport of the patient with abdominal injuries based on assessment findings. (C-1)

**4-4.67** Describe the management of abdominal injuries. (C-1)

### **AFFECTIVE OBJECTIVES**

At the completion of this unit, the EMT-Intermediate student will be able to:

**4-4.71** Advocate the use of a thorough assessment to determine a differential diagnosis and treatment plan for thoracic trauma. (A-3)

**4-4.72** Advocate the use of a thorough scene survey to determine the forces involved in thoracic trauma. (A-3)

**4-4.73** Value the implications of failing to properly diagnose thoracic trauma. (A-2)

**4-4.74** Value the implications of failing to initiate timely interventions to patients with thoracic trauma. (A-2)

**4-4.75** Advocate the use of a thorough assessment when determining the proper management modality for spine injuries. (A-3)

**4-4.76** Value the implications of failing to properly immobilize a spine injured patient.

**4-4.77** Advocate the use of a thorough assessment to determine a differential diagnosis and treatment plan for abdominal trauma. (A-3)

**4-4.78** Advocate the use of a thorough scene survey to determine the forces involved in abdominal trauma. (A-3)

**4-4.79** Value the implications of failing to properly diagnose abdominal trauma and initiate timely interventions to patients with abdominal trauma.

### **PSYCHOMOTOR OBJECTIVES**

At the completion of this unit, the EMT-Intermediate student will be able to:

**4-4.80** Demonstrate a clinical assessment for a patient with suspected thoracic trauma. (P-1)

**4-4.81** Demonstrate the following techniques of management for thoracic injuries: (P-1)

- a. Needle decompression
- b. Fracture stabilization
- c. ECG monitoring

- d. Oxygenation and ventilation
- 4-4.82 Demonstrate a clinical assessment to determine the proper management modality for a patient with a suspected traumatic spinal injury. (P-1)**
- 4-4.83 Demonstrate a clinical assessment to determine the proper management modality for a patient with a suspected non-traumatic spinal injury. (P-1)**
- 4-4.84 Demonstrate immobilization of the urgent and non-urgent patient with assessment findings of spinal injury from the following presentations: (P-1)**
  - a. Supine
  - b. Prone
  - c. Semi-prone
  - d. Sitting
  - e. Standing
- 4-4.85 Demonstrate documentation of suspected spinal cord injury to include: (P-1)**
  - a. General area of spinal cord involved
  - b. Sensation
  - c. Dermatomes
  - d. Motor function
  - e. Area(s) of weakness
- 4-4.86 Demonstrate preferred methods for stabilization of a helmet from a potentially spine injured patient. (P-1)**
- 4-4.87 Demonstrate helmet removal techniques. (P-1)**
- 4-4.88 Demonstrate alternative methods for stabilization of a helmet from a potentially spine injured patient. (P-1)**
- 4-4.89 Demonstrate documentation of assessment before spinal immobilization. (P-1)**
- 4-4.91 Demonstrate documentation of assessment during spinal immobilization. (P-1)**
- 4-4.92 Demonstrate a clinical assessment to determine the proper treatment plan for a patient with suspected abdominal trauma. (P-1)**
- 4-4.93 Demonstrate the proper use of MAST (PASG) in a patient with suspected abdominal trauma. (P-1)**
- 4-4.94 Demonstrate the proper use of MAST (PASG) in a patient with suspected pelvic fracture. (P-1)**